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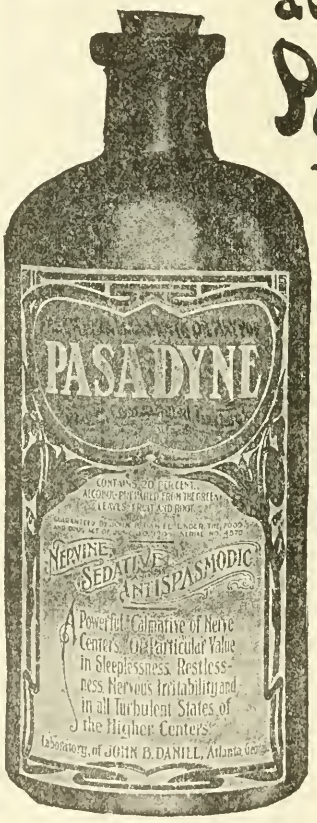
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MARYLAND
MEDICAL JOURNAL
A Journal of Medicine and Surgery
Vol. LVI, No. 8 BALTIMORE, AUGUST, 1913 Whole No. 1143

THE WORK OF THE HEALTH DEPARTMENT OF BALTIMORE CITY.*

By Nathan R. Gorter, M.D.,
Commissioner of Health.

I have accepted the invitation to address your association on the subject "The Work of the Health Department" because of my desire to do all that is within my power to show appreciation of the interest of the public in civic affairs and especially the interest of the Women's Civic League in the Health Department.

Had I the privilege I would confine my attention to those portions of the work which have been attracting the attention of the people during the past ten years; but probably after all it will be better to rapidly review all of the work, with special attention to some few of its divisions, rather than at this time attempt a dissertation on any one portion of the work.

The watchword of Health Departments of today is "Prevention." While this watchword perhaps presents nothing new or startling to you, yet in reality prevention work is comparatively recent in the history of Health Departments, certainly in the accomplishment if not in the idea. Before presenting to you the present-day work of the Sub-Department it will be of some interest to you to recall for a moment some facts which will illustrate that prevention has become the predominant idea in health work. When Baltimore became a chartered city in 1797 the Health Board was constituted, and from that time up to 1875 it seems to have been a receptacle of complaints and an advisor in times of epidemics.

The broad foundation of our present activities was begun in 1875, when an ordinance was passed requiring a burial permit to be issued by the Department for the interment of dead bodies. This was the beginning of our Vital Statistics record, which was preceded by records of superintendents of cemeteries and of the sextons of churches. Another important ordinance was passed in 1884, which required the recording of all births. This ordinance, like many that have been passed from time to time, was

*Paper read May 6, 1913, before the Women's Civic League.

obtained by a few people who were thinking and acting alone; who were far beyond the times and so far beyond the intelligent interest of the public that the observance was more in the breach than in the compliance, until the past year saw the enactment of another law which is rapidly producing its desired effect on the birth registration.

The foundation was made broader also in 1882, when, because of another awful visitation by smallpox, very drastic ordinances were passed concerning the notification of the Health Department of infectious diseases, especially smallpox, which in 1890 were made to include the so-called minor diseases, such as scarlet fever and diphtheria. The ordinance of 1882 also included the putting into the hands of the Commissioner of Health "compulsory vaccination" against smallpox, which marked the first step towards the active prevention of disease. The effectiveness of this measure is shown in the absence of epidemics of smallpox for thirty years, while formerly they recurred in about every ten years. The effectiveness is also shown in the futile efforts of smallpox to become epidemic in 1892-93, 1899-1900, 1905-06, and 1912-13. This disease never can become epidemic so long as the people are truly vaccinated and the Commissioner of Health retains his power to compel vaccination.

The decade 1881-1890 saw the wonderful development in our knowledge of the causes of communicable diseases. Since then this knowledge has from time to time been extended to more and more of these diseases, until now we believe that all communicable diseases are caused by living things or germs which are for the most part demonstrable by the microscope. This gave the idea of a new development in department activities which resulted in the establishing of the Bacteriological and Chemical Laboratories, which afford facilities for all physicians to diagnose early cases of tuberculosis, typhoid fever and diphtheria, and to detect sources of disease, such as typhoid fever, as might be evidenced by the chemical reactions of the drinking water. These laboratories have been active and growing since their creation, and today show their value to the community by their varied and extensive work.

Long before the great and valuable work by the public in the interest of Preventive Medicine, which was probably first evidenced against tuberculosis, the Health Department endeavored to obtain the passage of an ordinance requiring the registration of cases of tuberculosis. Such an ordinance was passed in May, 1896, and exists today in its emasculated form as a monument to the efforts of a few in the right direction and a demonstration of the successful opposition on the part of the people and many physicians.

The last quarter of the nineteenth century witnessed not only a revolution in medicine as to the cause of disease, but also witnessed the spread of knowledge of disease amongst the laity

which has strengthened to a wonderful degree the hands of health officers and also made possible the development of new activities which make for a broader scope of Health Department work and the raising of the average of resistance to the advance of disease.

One of the first results of this new activity was the creation of the division of Public School Inspection. The ladies of the Arundel Club, through one of its committees, studied thoroughly the situation, and after several months of work succeeded in getting the School Board to request the Commissioner of Health, in the year 1905, to institute School Inspection. Accordingly, the Commissioner, with a committee of ladies, waited on the Board of Estimates and obtained an immediate appropriation from the contingent fund of sufficient money to commence the work with two physicians and three nurses, and received the promise that the next ordinance of estimates should contain appropriation for five physicians and five nurses. This promise was fulfilled, and work has continued, until now, being done as satisfactorily as such a small force could do it. It has been apparent to many that this work should have progressed by an increase, especially in the force of nurses, organized under a special head or Division, which would probably bring about not only definite constructive work as to the health of the school children, but also a development in the teaching of the knowledge of hygiene, both practical and theoretical, which would ensure the instruction of the men and women of tomorrow in those facts which when put into practice by them would tend towards the elimination and prevention of disease. This must be a part of the work of the future or else the successful fight against tuberculosis, infant mortality, etc., will be much more difficult and prolonged.

The second activity of special note is found in the work of the Maryland Tuberculosis Association and the Visiting Nurses' Association, which for several years maintained the services of nurses to visit and instruct the tuberculous sick. In the year 1909, because of the ever-increasing burden on private philanthropy and because it was clearly the duty of the entire city to do the work that, directly or indirectly, concerned every family, the Tuberculosis Association and the Commissioner of Health presented the facts to the Board of Estimates, who immediately responded by providing funds for two nurses and promised to provide for fifteen nurses in the next ordinance of estimates. This was done, and the force has remained the same until now, except the very important additions of two nurses and one physician for the management of tuberculosis dispensaries, that now amount to three in all.

The last activity to which I shall refer is that concerned in the improvement of our milk supply with special reference to Infant Mortality. I am not sure whether all of you are acquainted with the fact or not that one of the five active "outside" influences to assist the Department in this line was a committee or organization of milk distributors, who waited on the Commissioner of

Health in 1908, asking that better and more effective milk laws be passed. This committee of milkmen and a representative of the Department of Health wrestled with the problem, and the result of their work was presented to the City Council. It was then the great power of educated and aroused laymen was manifested. The demonstration that was then made surprised more than one in many walks of life, and resulted in the passage of the ordinance in its entirety. The immediate result was an increase of inspectors of milk, with some improvement in the milk supply. Unfortunately the improvement was not continuous, and it was not long before the supporting public demanded greater results, which were evidenced especially by the activities of your organization. These demands have resulted first in permanently establishing and increasing the force of dairy farm inspectors in 1913, who have already given evidence of their value by the results of their work; and, second, the declaring by the Commissioner of Health of bacteriological standards for milk—raw and pasteurized.

That which I have said thus far may be considered by some, if not all of you, as not entirely appropriate in an address on "The Work of the Health Department," yet my plea for thus taking so much of your time is that something of the kind is necessary to emphasize the fact that the recent change and development of our work has been and must continue to be actively assisted by the intelligent co-operation of the public.

We will now direct our attention to our Department as it is. For many years it has been evident that the work would be greater and better done if the workers were divided in divisions or bureaus, having at the head of each one of them trained men who could devote their whole time to their duties. While this has not yet been accomplished, there has been a sufficient natural separation which enables me to refer you to twelve divisions:

1. Maritime Quarantine.
2. Sydenham Hospital.
3. School Inspection.
4. Vital Statistics.
5. Plumbing.
6. Tuberculosis Work.
7. Health Wardens.
8. Communicable Diseases.
9. Disinfection and City Burials.
10. Tenement House Inspection.
11. Food and Dairy Inspection.
12. Laboratories.

You can rest assured that I would not have thought of wearying you by entering into a detailed account of work of these divisions even if I had commenced this address with the first on the list, much less therefore do I contemplate now such a thought, but I presume you may desire something concerning each one.

Maritime Quarantine:

Although this division work is not commonly considered as part of our work, yet it forms a very important part of our duties. The close relationship of the work of this division to the general work of the Department was especially emphasized by those who drew up the charter which became effective in the year 1900, who definitely placed the Commissioners of Health at its head and designated the Quarantine Physician as one of the Assistant Commissioners of Health of the city. The station is located in Anne Arundel County, opposite Fort Carroll. A force of eighteen men and women are employed, with the Quarantine Officer and his assistant in command. Their duties are, first, to guard the port from invasion by disease which might be brought by vessels, and, second, to care for the sick suffering with the so-called major diseases, smallpox, yellow fever, etc., that might develop within the city. During the year 1912 the following work was done:

Steamships examined	592	
Sailing vessels	23	
		615
People examined:		
Crews	23,414	
Passengers	30,142	
		53,556
Money received for:		
Inspection of vessels		$13,130.56
Care of patients and fumigation of vessels		1,574.00
Total receipts		$14,710.56

The city appropriation for expenses and salaries was $20,875. This leaves as a total cost to the city of $6,154.44. This is offset by the care of smallpox cases, which last year we commenced to send to Quarantine on November 11th and continued until March 1st, 1913, during which time 57 cases of smallpox and 174 "contacts" were cared for.

Sydenham Hospital is our hospital for the so-called minor infectious diseases, scarlet fever, diphtheria, measles and chickenpox. The effort to establish such a hospital commenced, I understand, about 1879. Just as in many other cities, there was the usual opposition of blind ignorance and selfishness which successfully fought such a hospital until the year 1909. Indeed, for a time the fight was practically given up until a proposition was made for the Board of Supervisors of City Charities and the Health Department to combine forces in an effort to obtain the Hardesty estate. After this was accomplished, twenty acres of that estate was set aside for the purpose of erecting thereon the hospital, which was subsequently named "Sydenham." Including the Superintendent, there are eighteen people employed regularly in

this work. At times there is an increase in the force of nurses, as occasion may require. Only white people are cared for and only those suffering with scarlet fever and diphtheria. During the year 1912 there were 181 admissions. Of these 102 were scarlet fever and 79 diphtheria. Many others, however, were refused admission because the utmost capacity is only 56.

School Inspection:

Employed in this work we have five physicians and five nurses. At the beginning of this work every child in the Public Schools up to and including the eighth grade was regularly inspected. Experience soon demonstrated, however, that it was practically of no value to continue the examination except the defectives beyond the fourth grade, so the regular examinations are of the first four grades, after which we follow only those already found defective. This restriction became all the more imperative when we were requested to take over the thirty-eight Catholic parochial schools, which included twenty thousand children. In the year 1911 there were 35,988 children examined, and 19,554 were found defective. The number of these defective that were treated, relieved and cured was exceedingly large, but the number in the year 1911 could not be tabulated. It is in the "follow-up" care by the nurse that the most effective work is done, and, as I will mention later, it should be made greater by increase in the number of nurses.

Vital Statistics:

In the sense that this is the basic work for future activities, we should probably have considered this first amongst the divisions of the Department. Anything approaching a description of the detail of this work is impossible at this time. At present there are five employes engaged in issuing permits for burial, indexing births and burials and tabulating the cause of death, with occasional assistance of two others. Last year (1912) there were 10,441 deaths and 11,398 births recorded and tabulated. It is probably not generally known that every death occurring in Baltimore is transcribed and sent to Washington.

Plumbing Division:

The work of this division is exceedingly large and severely taxing. There are twenty-three men employed—one chief, seven clerks, fifteen inspectors. The work is admirably systematized, and on the files may be found plans for plumbing of new buildings, sketches of changes in old plumbing and the plans of house connections with the new sanitary sewers, besides the records of sanitary inspections. Permits must be issued for all this work and a careful watch kept of the execution of the same by plumbers. During the year 1912 the following appears on the records:

PERMITS ISSUED.

Interior Plumbing.	*Alley Permits.*	*Connecting With Private Sewers.*	*Total.*
2,541	439	12,883	15,863

Total number of plumbing inspections..... 29,743
Total number of sanitary and drain inspections.. 12,656

CITY SANITARY SEWERS.

Total permits to connect up houses..... 14,291
Permits in addition to the above issued..... 4,252

Tuberculosis Division:

In this division are employed one nurse-in-chief, who is in charge of the work; one physician and sixteen nurses. Fourteen of the nurses are doing "field" work, which means the visiting of patients (with the consent of physicians), giving them and their families instructions in prophylaxis and feeding, and frequently giving personal care of the patient's body. At this time they have in charge 3,232 patients. They are active in looking up suspected cases and obtaining diagnoses of them either by private physicians or by the physicians at dispensaries; also in obtaining admission to sanatoria or to the Municipal Hospital at Bay View. They also distribute prophylactic supplies given by the State. The physician and the other two nurses are engaged in the work at the municipal dispensaries (tuberculosis), two of which were established last year and one this year. Two afternoons are given to each of the dispensaries each week, and the attendants are engaged in the examination and treatment of cases, obtaining care at sanatoria, or having the home work looked after by the field nurses. A very great deal of work is constantly going on which is a severe tax on the physical endurance of all.

Health Wardens:

There are twenty-four physicians who are health wardens, each for his own ward. Acting in this capacity, they inspect all complaints of nuisances, in which they are frequently assisted by the Plumbing Division. All nuisances are recorded in ward books by a "complaint" clerk, who keeps also a record of what is done in each instance by the warden and keeps the account of each complaint open until the health warden returns a stub marked "Abated." All notices to abate nuisances reported by the police are sent out by the health wardens, and they conduct all prosecutions for the non-abatement of nuisances. They also placard houses when scarlet fever and diphtheria exist and instruct the family concerning regulations governing each case, and each house placarded by them is under their surveillance, which sometimes requires prosecutions for non-compliance with orders. In addition to the above, they are required to vaccinate all citizens who apply at their office and to vaccinate all school children reported

by school examiners and keep a record of the same. Certificates are issued by them for children to return to school in special cases referred to them by truant officers. They are put on special vaccination house-to-house work at times of threatened outbreak of smallpox, prosecute midwives for non-report of infants' sore eyes, and send a postal card to the teachers in public schools for every case of scarlet fever, diphtheria and measles.

Communicable Diseases:

This division has not yet been fully developed, but I can state that there are now two men engaged in the special work:

1. Recording and indexing by streets of infectious diseases.
2. "Spotting" maps of the city showing location of cases of disease and deaths from the same.
3. Keeping individual records of reports by physicians of infectious diseases and births.
4. Keeping a record of midwives, their reports of births and sore eyes of infants.
5. Preparing and sending semi-weekly reports (2,000 plus) of sick children to public schools.

Disinfection and City Burials:

Rooms are disinfected for cases of scarlet fever, diphtheria and tuberculosis, and upon request for many other diseases, such as cancer. One man is in charge of five fumigators, two funeral wagon drivers, two drivers of wagons for goods to be fumigated and one morgue keeper. He keeps a careful record of work done by the men under him, which enables us at all times to supply the record of any house previously infected. At the Morgue, in the post-mortem room, examinations of bodies are made by the medical examiner and assistant when required to do so by the coroners or by the Department. At the approach of warmer weather, as the infectious diseases lessen, the fumigators are directed to the oiling of ponds, etc., to lessen mosquito breeding. The record last year shows:

Rooms fumigated	18,024
Bodies buried by city	842
Bodies handled at Morgue	379
Goods incinerated, pieces	1,346
Goods sterilized, pieces	1,916

Tenement House Division:

This division has not progressed very far in the study of the housing question in Baltimore. It has, however, accomplished the recording and indexing of 2,457 tenement and lodging houses. The report for the past year shows as follows:

Number of houses inspected	3,122
Reinspections made	4,226
Nuisances abated	2,427

This division has the service of one chief and two assistants.

Food and Dairy Division:

In this division there are seventeen inspectors, who are placed under the chief of the Chemical Laboratory. Of these seventeen inspectors twelve are in the milk sub-division. One of these twelve we had coached by Washington and Rochester authorities before undertaking his work here, and lately he has been in charge of the inspectors in the field. I have already recited to you some of the improvements in this division, both in personnel and in results of work. The enforcement of the Eisenbrandt law has reduced the cow stables (private and dairy) from three hundred and ninety-four to forty, and these are in the outer portions of the city. Under one of the dairy inspectors the city and Highlandtown dairies were placed for some years, and this class of milk producers is peculiar unto itself, being made up mainly of a foreign element that is somewhat intractable. They have now, I understand, been brought to a much higher plane than they formerly occupied, and seemingly have accepted with only a passing protest our last order that milk from swill and garbage fed cows shall not be sold in this city after July 1st. In this I may be mistaken, because it has been asserted that several thousand dollars had been raised as a contingent fund to fight the order in court. We hope, however, that our belief that they have accepted the situation is correct, but if it is not, we are quite ready for a contest in court. The dairy inspection in what we might call the railroad milk districts was begun in the early part of this past March, and already the inspectors have demonstrated their value. It is of special interest to note that the chemical and bacteriological examinations of milk have shown conditions of the milk that caused the sending of an inspector at once to the farm where the milk was produced, and they there found conditions that not only caused the shutting out of the milk from this market, but also in some instances the removal and destruction of some of the cows because of the presence of tuberculosis. Such work must soon tell markedly in the character of the milk, because one obtains not only the immediate results on these farms, but also the news of the work being done by the Department will bring about changes for good in other farms. This dairy farm inspection will in the end prove the greatest and most lasting benefit in the improvement of milk. We are pleased to note that there has been an increase in the number of milk distributers who are pasteurizing the milk and that there is now pasteurized forty-one per cent. of the milk sold. We have learned that in all probability even a greater percentage will be pasteurized as soon as the methods of commercial pasteurization of milk are perfected. We believe in keeping of the milk free from contamination as of first importance, but we also believe that proper pasteurization is an additional safeguard, more especially as pasteurization requires still another safeguard, i. e., the sale of milk in bottles or similar containers. We are, therefore, endeavoring to bring about:

First—Greater protection of milk at the farm.
Second—Pasteurization of milk as an additional safeguard.
Third—The dispensing of milk in original packages.

The report for 1912 shows as follows:

Laboratory milk examinations (chemical)	27,871
Amount of milk received at railroad stations, gallons	8,862,878
Amount of milk examined at railroad stations, gallons	714,972
Amount of milk condemned at railroad stations, gals.	9,085½
Number of city dairy inspections, including milk shops	14,082
Number of milk wagon inspections	5,243
Total number of nearby dairy farms	110
Visits to nearby dairy farms	1,684
Visits to railroad farm dairies (including reinspection by one inspector	550
Number of farms visited (including 5 creameries)	343
Number of revocations of milk permits	101
Number of prosecutions	13
Laboratory examinations (bacteriological)	5,031
Pasteurized milk sediment (bacteriological)	63
Microscopic examinations for pus and streptococci	1,652

Besides the milk inspectors, the other food inspectors, four in number, are concerned:

First—One inspector at the abattoir.
Second—Two inspectors at the market and at stores for meats and vegetables.
Third—One inspector of bakeries.

This work has been summarized for 1912 as follows:

Number of store inspections	13,002
Number of visits to markets	2,067
Number of visits to wharves	8,325
Number of visits to abattoirs	586
Number of visits to slaughter houses	3,383
Number of visits to bakeries	3,217
Total amount of foodstuffs condemned (exclusive of milk and animals on hoof), pounds	3,288,932
Total number of carcasses condemned	420

Laboratories:

Our two laboratories have the following equipment of workers:

Bacteriological Laboratory:
- One chief bacteriologist.
- Four assistant bacteriologists.
- One special laboratory assistant.
- Three general laboratory assistants.
- One laboratory inspector.
- One laboratory clerk.

Chemical Laboratory:
- One chief chemist.
- Two assistants.
- One clerk.
- One assistant clerk and stenographer.

A special work was undertaken last year, i. e., the preparation and distribution of anti-typhoid vaccine. This is in the hands of one of the assistant bacteriologists, who also attends to some of the other general work of the laboratory. This vaccine has been used in institutions and military organizations of the city, also by many physicians, to immunize the families of their poor patients where cases of typhoid fever had occurred.

For the accommodation of physicians the Department has one man to maintain supplies at 129 stations and 65 sub-stations. The 129 stations are drug stores that are regularly visited about every two weeks, and the sub-stations are drug stores whose proprietors send to the Department for supplies. This work in 1912 was as follows:

Number of culture tubes prepared and distributed	20,800
Number of culture tubes brought back	11,476
Number of culture tubes used and sent to the Department	5,845
Number of typhoid boxes prepared and distributed	3,020
Number of typhoid boxes used and sent to the Department	2,217
Number of miscellaneous outfits prepared and distributed	94
Number of miscellaneous outfits used and sent to the Department	82
Number of sputum outfits prepared and distributed	3,481
Number of sputum outfits used and sent to the Department	2,318
Number of combined blood, urine and feces culture outfits distributed	121
Number of combined blood, urine and feces cultures used and sent to the Department	85

Another special employe connected with the laboratories is he who is the "official" sample collector. This work in 1912 is tabulated as follows:

	No. of Specimens.
Water, city	760
Water, lake	336
Water, table	39
Water, pump	12
Water, spring	40
Water, filtered	5
Water, harbor	15
Milk, before pasteurization	205
Milk, after pasteurization	205

The work of the two laboratories, in addition to the milk work, during 1912 is tabulated as follows:

Diphtheria cultures examined	2,603
Cultures examined by throat inspectors	4,010
Specimens of sputum	2,318
Blood examined for typhoid	2,217
Blood examined for para-typhoid	128

Typhoid bacillus from blood cultures	87
Blood examined for malaria	513
Specimens from institutions and hospitals examined for diphtheria	1,265
Specimens examined for meningitis	22
Diphtheria antitoxin supplied—units	5,654,000
Persons who received anti-typhoid vaccine	835
Injections of anti-typhoid vaccine	2,505
Miscellaneous examinations	150
Water examinations (bacteriological)	1,390
Bacteriological examination of oysters	3
Bacteriological examination of ice	5
Bacteriological examination of ice cream	120
Bacteriological examination of harbor water	173
Bacteriological examination of rats (bubonic plague)	145
Chemical examination of water	309
Chemical examination, miscellaneous	925

Number of health officers and employes and cost:

In all there are 182 on the pay-roll.
Eighteen of these are at Quarantine.
Eighteen of these are at Sydenham.

The total appropriation for the Health Department in 1913 was $213,415. This makes the per capita cost to the citizens of Baltimore 37c. per annum. I have mentioned this not for the purpose of making comparisons with other cities (because this is not yet possible for the want of a uniform method of accounting for Health Department expenses), nor to compare the amount of money obtained by the Health Department with that received by other departments, but merely to let you know what the actual cost is and to plead that the work that is being done by the Health Department is not only worth that which is represented by the 37c. per capita, but also that with an additional expenditure by the Department there would be probably ever greater returns in good health and lessened death rate, which cannot be reckoned in dollars and cents.

Now, what of the future? I can truthfully say that every one of the twelve sections that I have referred to might be improved with great profit to the city, but as such a thing is now not to be thought of I have concentrated my thought on a few of the divisions already in operation and one that should be added:

1. Sydenham Hospital should be increased in capacity so that it might prove to be a real benefit to the city in lessening the number of infectious diseases.

2. The school inspection ought to have its force increased, especially in the number of nurses, and there should be not less than ten, or preferably fifteen.

3. Vital statistics should have specially trained men for the work and the force increased to a size sufficient to obtain all the good that is contained in the records of deaths and births.

4. The tuberculosis work ought to be permitted to steadily develop both in point of numbers engaged in the work and in the character of the work. Two hundred to 250 cases in charge of each nurse is entirely too much, and the maximum good is far from being accomplished, but in addition to this we must have a segregation hospital for the care of the advanced cases of tuberculosis which are burdens to their families and are dangerous as foci of distribution of the disease. The removal of such cases will permit not only the families to be freer from possible infection, but will enable them to do better and more work so that more money may be obtained for the purchase of better and more food and thus develop or maintain their own resisting power.

5. As far as the food and dairy inspection is concerned, the thing that is necessary is an increase in force. Anyone who knows what bacteriological and chemical examinations mean can fully appreciate from our reports, and more especially by an examination into the actual working of the Department, that our present force is worked to its limit, and therefore more work is only possible with an increase of force. This applies not only to inspectors, but also to the chemists and bacteriologists.

6. Infant mortality is closely affiliated with the improvement of the milk supply, but there is a great deal more to be accomplished along other lines in order to obtain the minimum death rate of infants under one year, and this consists to a great extent in the direct instruction of the people who have the care of infants, and I believe that this can be best obtained by a corps of competent and willing nurses of more than one nationality so that we might have nurses who could appeal to the mothers in their native language. I think if you will study carefully the deaths of children you will find that a large number of them will not be prevented through the improvement in the milk supply alone. In all these things we confidently look for the sympathy and co-operation of the public.

ON THE REPORTING OF COMMUNICABLE DISEASES.

By C. W. G. Rohrer, M.D.,
Maryland State Department of Health.

(*Continued from July Number.*)

VI. STATUS OF THE COUNTIES OF MARYLAND.

The infectious disease returns from the counties of Maryland may be classified as "very good," "good," "bad" and "very bad." In every instance I shall give a table showing the status of the county discussed to confirm my opinion in the matter. The mere fact that we are now getting in from 6000 to 8000 reports[1] of con-

tagious diseases would indicate that a majority of the counties can be classed as "good."

I shall also give the area in square miles and the population of each county, together with the health officer or officers, so that the contagious disease returns can be judged by the standard of population and not by figures alone.

The total area of the State of Maryland is 12,210 square miles, of which the land surface constitutes 9941 and the water surface 2269 square miles.[42] The population of the State in 1910 was 1,295,346; of this number 558,485 persons were residents of Baltimore, leaving rural Maryland (the entire State of Maryland, exclusive of Baltimore city) with a population of 736,861.

Allegany County.

Area in square miles, 440.5.

Population, 62,411.

Dr. J. C. Holdsworth, County Health Officer.
Dr. Francis E. Harrington, Health Officer of Cumberland.
Dr. Timothy Griffith, Health Officer of Frostburg.
Dr. James O. Bullock, Health Officer of Lonaconing.
Dr. A. B. Kalbaugh, Health Officer of Westernport.
Dr. F. H. Charles, Health Officer of Midland.

Alphabetically arranged, Allegany heads the list of the 23 counties in Maryland; it also stands first in the reporting of communicable diseases, as the following table will show. The "very good" returns from this county, totaling 1567 for the year 1912, are largely the fruits of the untiring labors of Drs. Harrington and Holdsworth, who have done so much for their respective jurisdictions.

COMMUNICABLE DISEASE CASES REPORTED IN ALLEGANY COUNTY, YEAR OF 1912.

Name of Disease.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Typhoid fever	25	13	12	18	13	22	13	45	34	68	44	22	329
Scarlet fever	2	3	3	..	1	1	3	2	6	9	6	2	40
Diphtheria	13	6	3	1	1	2	2	11	3	13	8	4	67
Whooping cough	..	..	3	1	2	2	2	1	..	1	3	..	15
Measles	..	2	26	185	181	94	78	24	1	4	75	342	1013
Chicken-pox	4	11	20	2	..	..	..	..	1	1	5	14	58
Mumps	2	5	..	..	..	..	..	..	..	..	..	..	7
Influenza	1	..	..	..	..	..	..	2	..	..	..	..	3
German measles	..	..	..	2	2	..	..	..	..	..	..	..	1
Smallpox	..	..	..	..	..	..	..	..	..	..	11	9	20
Malaria	..	..	..	..	1	..	..	..	..	1	..	..	2
Meningitis	1	..	..	..	..	..	..	1	..	..	..	..	2
Erysipelas	1	..	..	1	..	..	..	..	..	1	..	..	3
Anterior poliomyelitis	..	..	..	..	..	..	..	..	..	..	1	1	2
Septicemia	..	2	..	..	..	..	..	..	..	..	..	..	2
Acute dysentery	..	..	..	..	..	..	..	..	..	..	..	..	..
Pellagra	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	49	42	69	210	201	121	98	86	45	98	153	395	1567

ANNE ARUNDEL COUNTY.

Area in square miles, 430.4.

Population, 30,553.

Dr. Walton H. Hopkins, County Health Officer.
Dr. Wm. S. Welch, Health Officer of Annapolis.
Dr. Charles H. Brooke, Health Officer of First Precinct.
Dr. Thomas B. Horton, Health Officer of Third Precinct.

The infectious disease returns from Anne Arundel county are classified as "good." They total *222* for the year 1912, as the following table will show:

COMMUNICABLE DISEASE CASES REPORTED IN ANNE ARUNDEL COUNTY, YEAR OF 1912.

Name of Disease.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Typhoid fever	..	..	1	1	..	..	10	27	17	4	5	1	68
Scarlet fever	..	..	4	..	..	..	..	..	..	11	3	1	42
Diphtheria	..	..	..	1	..	..	..	..	..	10	3	..	31
Whooping cough	..	..	..	3	1	9	7	4	12	..	..	..	41
Measles	..	1	1	..	..	5	..	1	..	..	..	1	9
Chicken-pox	1	5	1	..	..	..	..	..	..	3	3	..	13
Mumps	1	..	..	..	..	..	..	..	..	..	1	..	2
Influenza	..	..	..	..	..	..	..	..	..	..	..	..	..
German measles	..	..	..	..	..	..	..	..	..	..	..	..	..
Smallpox	..	..	..	..	..	..	..	..	33	..	..	..	33
Malaria	..	..	..	..	..	..	..	..	..	..	..	..	..
Meningitis	..	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas	..	..	..	..	..	..	..	..	..	..	1	..	1
Anterior poliomyelitis	..	..	..	..	..	..	4	2	5	..	..	..	11
Septicemia	..	..	..	..	..	..	..	..	..	..	..	..	..
Acute dysentery	..	..	..	..	..	..	..	..	..	..	..	..	..
Pellagra	..	..	..	..	..	..	..	..	..	..	..	..	..
Tetanus	..	..	..	..	..	..	..	1	..	..	..	..	1
Total	12	18	9	5	6	19	30	35	39	28	16	5	222

BALTIMORE COUNTY.

Area in square miles, 646.8.

Population, 122,309.

Dr. Henry M. Slade, County Health Officer.
Dr. Marshall B. West, Health Officer of First District.
Dr. H. F. Shipley, Health Officer of Second District.
Dr. Henry A. Naylor, Health Officer of Third District.
Dr. Henry M. Slade, Health Officer of Fourth District.
Dr. C. E. Fouble, Health Officer of Fifth District.
Dr. Joseph Baldwin, Health Officer of Sixth District.
Dr. E. W. Heyde, Health Officer of Seventh District.
Dr. Benjamin Benson, Health Officer of Eighth District.
Dr. Claud C. Smink, Health Officer of Ninth District.
Dr. J. T. Payne, Health Officer of Tenth District.
Dr. James F. H. Gorsuch, Health Officer of Eleventh District.
Dr. Wm. E. McClanahan, Health Officer of Twelfth District.
Dr. Frank H. Ruhl, Health Officer of Thirteenth District.

Dr. Wm. F. Clayton, Health Officer of Fourteenth District.
Dr. John W. Harrison, Health Officer of Fifteenth District.
Dr. G. C. McCormick, Health Officer of Sixteenth District.

The infectious disease returns from Baltimore county are classified as "good," totaling 961 for the year 1912.

COMMUNICABLE DISEASE CASES REPORTED IN BALTIMORE COUNTY, YEAR OF 1912.

Name of Disease.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Typhoid fever	40	27	9	20	6	7	21	75	65	61	13	17	361
Scarlet fever	55	25	10	4	3	6	7	4	15	9	11	12	161
Diphtheria	31	15	10	9	4	4	11	13	12	32	48	28	217
Whooping cough	1	3	2	2	6	6	..	2	1	4	2	6	28
Measles	2	1	6	11	6	25	2	23	..	2	2	7	87
Chicken-pox	18	3	13	3	4	2	1	1	1	..	2	6	54
Mumps	2	..	8	1	1	1	..	..	..	..	..	..	13
Influenza	1	..	..	..	3	..	..	..	..	..	..	..	4
German measles	..	..	..	..	..	..	..	..	..	..	..	..	..
Smallpox	..	..	..	..	..	..	..	..	..	..	..	..	..
Malaria	..	..	..	1	..	2	..	..	..	2	..	1	6
Meningitis	..	..	..	1	..	..	..	..	1	..	..	..	2
Erysipelas	2	..	..	1	1	..	1	..	..	..	..	..	5
Anterior poliomyelitis	..	..	..	..	1	..	2	5	..	1	..	3	12
Septicemia	..	..	..	..	..	..	..	1	..	..	..	..	1
Acute dysentery	..	..	..	..	..	..	..	..	..	..	..	..	..
Pellagra	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	155	74	58	53	35	53	45	124	95	111	78	80	961

Calvert County.

Area in square miles, 216.8.

Population, 10,325.

Dr. I. N. King, County Health Officer.

The infectious disease returns from Calvert county are classified as "bad," totaling 71 for the year 1912.

COMMUNICABLE DISEASE CASES REPORTED IN CALVERT COUNTY, YEAR OF 1912.

Name of Disease.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Typhoid fever	2	..	..	..	1	2	5	13	2	9	6	2	42
Scarlet fever	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria	..	..	..	..	..	..	..	..	..	..	..	..	..
Whooping cough	..	5	3	..	..	1	1	..	..	..	..	..	10
Measles	..	..	1	..	..	..	..	..	..	..	..	..	1
Chicken-pox	..	..	..	..	..	..	1	..	..	..	..	..	1
Mumps	4	3	2	..	..	..	..	..	3	..	..	..	12
Influenza	4	..	..	..	..	..	..	..	..	..	..	..	4
German measles	..	..	..	..	..	..	..	..	..	..	..	..	..
Smallpox	..	..	..	..	..	..	..	..	..	..	..	..	..
Malaria	..	..	..	..	..	..	..	..	..	..	..	..	..
Meningitis	..	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas	1	..	..	..	..	..	..	..	..	..	..	..	1
Anterior poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	..
Septicemia	..	..	..	..	..	..	..	..	..	..	..	..	..
Acute dysentery	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	11	8	6	..	1	3	7	13	5	9	6	2	71

CAROLINE COUNTY.

Area in square miles, 317.4.

Population, 19,216.

Dr. J. R. Downes, County Health Officer.

The infectious disease returns from Caroline county are classified as "bad," totaling 76 for the year 1912.

COMMUNICABLE DISEASE CASES REPORTED IN CAROLINE COUNTY, YEAR OF 1912.

Name of Disease.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Typhoid fever	..	..	..	..	..	..	1	3	4	13	12	1	31
Scarlet fever	..	..	..	..	..	..	..	..	..	1	1	3	5
Diphtheria	..	2	..	..	..	..	..	1	3	5	8	8	27
Whooping cough	..	..	..	..	..	..	4	..	..	..	..	..	4
Measles	..	..	..	..	..	..	..	..	..	..	..	1	1
Chicken-pox	..	..	..	..	..	..	..	..	..	..	2	1	3
Mumps	..	..	..	..	..	..	1	..	..	..	..	..	1
Influenza	..	..	..	..	..	..	..	..	..	..	..	..	..
German measles	..	..	..	..	..	..	..	..	..	..	..	..	..
Smallpox	..	..	..	..	..	..	..	..	..	..	..	..	..
Malaria	..	..	..	..	..	..	..	..	..	..	..	..	..
Meningitis	..	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas	..	..	..	..	..	..	..	..	..	..	..	..	..
Anterior poliomyelitis	..	..	..	..	..	..	..	..	..	1	..	..	1
Septicemia	..	..	..	..	..	..	..	..	..	..	..	..	..
Acute dysentery	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	..	2	..	..	..	..	6	4	7	20	23	14	76

CARROLL COUNTY.

Area in square miles, 445.3.

Population, 33,934.

Dr. Charles R. Foutz, County Health Officer.
Dr. Franklin H. Seiss, Health Officer of the First District.
Dr. Luther Kemp, Health Officer of the Second District.
Dr. G. Lewis Wetzel, Health Officer of the Third District.
Dr. Robert F. Wells, Health Officer of the Fourth District.
Dr. M. D. Morris, Health Officer of the Fifth District.
Dr. John F. B. Weaver, Health Officer of the Sixth District.
Dr. Charles R. Foutz, Health Officer of the Seventh District.
Dr. R. C. Wells, Health Officer of the Eighth District.
Dr. Edwin D. Cronk, Health Officer of the Ninth District.
Dr. Charles R. Diller, Health Officer of the Tenth District.
Dr. George H. Brown, Health Officer of the Eleventh District.
Dr. James Watt, Health Officer of the Twelfth District.
Dr. Irving D. Chaney, Health Officer of the Thirteenth District.
Dr. Daniel B. Sprecher, Health Officer of the Fourteenth District.

The infectious disease returns from Carroll county are classified as "good," totaling 277 for the year 1912.

COMMUNICABLE DISEASE CASES REPORTED IN CARROLL COUNTY. YEAR OF 1912.

Name of Disease.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Typhoid fever	3	2	2	1	..	..	2	13	6	8	1	..	39
Scarlet fever	..	..	..	..	..	..	..	..	1	28	1	..	30
Diphtheria	..	..	5	..	2	1	..	..	2	2	..	..	10
Whooping cough	3	..	..	..	19	25	17	9	3	2	..	4	82
Measles	1	1	1	..	..	3	4	..	..	..	..	..	10
Chicken-pox	3	..	7	..	4	..	..	..	..	..	2	..	16
Mumps	..	15	..	..	..	..	..	..	..	..	..	..	15
Influenza	..	..	..	..	..	..	..	2	..	..	..	..	9
German measles	..	..	..	..	..	..	..	..	..	..	..	..	..
Smallpox	..	..	..	..	..	..	..	..	..	..	..	..	..
Malaria	..	..	..	..	..	..	..	..	..	..	..	..	..
Meningitis	..	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas	..	..	..	1	1	..	..	..	..	..	..	..	2
Anterior poliomyelitis	..	..	..	..	..	..	1	1	..	..	..	..	2
Septicemia	..	..	..	..	..	..	..	..	..	..	..	..	..
Acute dysentery	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	19	32	22	6	26	29	34	35	12	38	4	20	277

Cecil County.

Area in square miles, 374.6.

Population, 23,759.

Dr. T. Jackson Conrey, County Health Officer.

The infectious disease returns from Cecil county are classified as "good," totaling 98 cases for the year 1912.

COMMUNICABLE DISEASE CASES REPORTED IN CECIL COUNTY. YEAR OF 1912.

Name of Disease.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Typhoid fever	5	2	13	5	1	1	1	5	2	1	6	1	43
Scarlet fever	2	2	1	1	..	..	..	1	1	1	4	2	30
Diphtheria	..	..	..	..	..	..	..	1	1	1	1	4	12
Whooping cough	..	..	1	..	..	..	..	..	..	..	..	..	1
Measles	..	3	..	..	1	..	..	..	..	..	..	..	3
Chicken-pox	..	..	..	..	..	..	..	..	..	..	..	6	9
Mumps	..	..	..	..	..	..	..	..	..	..	..	..	..
Influenza	..	..	..	..	..	..	..	..	..	..	..	..	..
German measles	..	..	..	..	..	..	..	..	..	..	..	..	..
Smallpox	..	..	..	..	..	..	..	..	..	..	..	..	..
Malaria	..	..	..	..	..	..	..	..	..	..	..	..	..
Meningitis	..	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas	..	..	..	..	..	..	..	..	..	..	..	..	..
Anterior poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	..
Septicemia	..	..	..	..	..	..	..	..	..	..	..	..	..
Acute dysentery	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	14	15	21	6	2	1	1	7	4	3	11	13	98

Charles County.

Area in square miles, 462.

Population, 16,386.

Dr. Ernest Spencer, County Health Officer.

The infectious disease returns from Charles county are classified as "very bad," totaling only 47 for the year 1912.

COMMUNICABLE DISEASE CASES REPORTED IN CHARLES COUNTY, YEAR OF 1912.

Name of Disease.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Typhoid fever	3	..	..	..	1	..	4	3	..	1	12	4	124
Scarlet fever	..	..	..	..	..	..	..	..	..	..	1	4	4
Diphtheria	..	..	..	..	..	..	..	..	..	..	1	..	1
Whooping cough	1	..	..	..	..	..	1	..	..	..	4	..	12
Measles	..	..	..	..	..	1	..	..	..	..	..	..	1
Chicken-pox	1	1	..	..	..	..	..	..	..	..	..	3	5
Mumps	..	..	..	..	..	..	..	..	..	..	..	..	..
Influenza	..	..	..	..	..	..	..	..	..	..	..	..	..
German measles	..	..	..	..	..	..	..	..	..	..	..	..	..
Smallpox	..	..	..	..	..	..	..	..	..	..	..	..	..
Malaria	..	..	..	..	..	..	..	..	..	..	..	..	..
Meningitis	..	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas	..	..	..	..	..	..	..	..	..	..	..	..	..
Anterior poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	..
Septicemia	..	..	..	..	..	..	..	..	..	..	..	..	..
Acute dysentery	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	11	1	..	..	1	1	5	3	..	7	7	11	47

DORCHESTER COUNTY.

Area in square miles, 573.2.
Population, 28,669.

Dr. Victor C. Carroll, County Health Officer.
Dr. E. E. Wolff, Health Officer of Cambridge.

The infectious disease returns from Dorchester county are classified as "good," totaling 186 for the year 1912.

COMMUNICABLE DISEASE CASES REPORTED IN DORCHESTER COUNTY, YEAR OF 1912.

Name of Disease.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Typhoid fever	6	1	2	..	1	1	25	60	16	28	6	9	155
Scarlet fever	..	1	..	..	..	..	..	..	..	1	3	1	12
Diphtheria	3	1	..	1	..	..	..	..	..	1	3	3	12
Whooping cough	..	..	..	..	..	..	..	..	..	..	..	..	..
Measles	..	..	..	..	6	..	..	..	..	..	..	..	6
Chicken-pox	..	..	..	..	..	..	..	..	..	..	..	1	1
Mumps	..	..	..	..	1	..	..	..	..	..	..	..	1
Influenza	..	..	..	..	..	..	..	..	..	..	..	..	..
German measles	..	..	..	..	..	..	..	..	..	..	..	..	..
Smallpox	..	..	..	..	..	..	..	..	..	..	..	..	..
Malaria	..	..	..	..	..	..	..	..	..	..	..	..	..
Meningitis	..	..	..	..	..	..	..	..	..	..	..	1	1
Erysipelas	..	..	..	..	..	..	..	..	..	..	..	..	..
Anterior poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	..
Septicemia	..	..	..	..	..	..	..	..	..	..	..	..	..
Acute dysentery	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	16	2	2	1	8	1	25	60	16	31	9	15	186

FREDERICK COUNTY.

Area in square miles, 660.
Population, 52,673.

Dr. James M. Goodman, County Health Officer.
Dr. Ira J. McCurdy, Health Officer of Frederick.
Dr. Levin West, Health Officer of Brunswick.

The infectious disease returns from Frederick county are classified as "good," totaling 364 for the year 1912.

COMMUNICABLE DISEASE CASES REPORTED IN FREDERICK COUNTY, YEAR OF 1912.

Name of Disease.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Typhoid fever	..	..	6	..	4	4	..	24	42	33	10	4	134
Scarlet fever	..	4	..	..	1	..	..	..	33	7	14	15	53
Diphtheria	..	1	1	..	1	1	..	8	9	6	11	4	31
Whooping cough	1	..	..	..	23	11	..	..	9	4	..	..	62
Measles	..	..	10	34	1	..	..	..	..	..	..	3	50
Chicken-pox	..	..	1	1	5	..	..	2	..	..	..	..	9
Mumps	..	1	..	..	..	..	..	..	..	..	..	..	1
Influenza	..	..	..	..	..	..	1	..	..	..	..	..	1
German measles	..	..	..	..	..	..	..	..	..	..	..	..	..
Smallpox	..	..	..	..	..	..	..	..	..	..	..	..	..
Malaria	..	..	..	..	..	..	..	..	1	..	..	..	1
Meningitis	..	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas	..	..	..	..	..	..	..	..	..	..	..	..	..
Anterior poliomyelitis	..	..	..	..	..	..	..	..	1	1	..	..	2
Septicemia	..	..	..	..	..	..	..	..	..	..	..	..	..
Acute dysentery	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	11	10	20	48	35	16	7	34	65	52	40	26	364

Garrett County.

Area in square miles, 681.

Population, 20,105.

Dr. N. I. Broadwater, County Health Officer.

The infectious disease returns from Garrett county are classified as "very bad," totaling but 23 for the entire year of 1912.

COMMUNICABLE DISEASE CASES REPORTED IN GARRETT COUNTY, YEAR OF 1912.

Name of Disease.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Typhoid fever	..	..	..	..	..	4	1	..	2	..	6	3	16
Scarlet fever	..	..	..	..	..	..	..	..	1	..	1	..	2
Diphtheria	..	..	..	..	..	..	..	..	1	..	1	..	2
Whooping cough	..	..	..	..	..	..	..	..	..	..	..	..	..
Measles	..	..	..	..	..	..	3	..	..	..	..	..	3
Chicken-pox	..	..	..	..	..	..	..	..	..	..	..	..	..
Mumps	..	..	..	..	..	..	..	..	..	..	..	..	..
Influenza	..	..	..	..	..	..	..	..	..	..	..	..	..
German measles	..	..	..	..	..	..	..	..	..	..	..	..	..
Smallpox	..	..	..	..	..	..	..	..	..	..	..	..	..
Malaria	..	..	..	..	..	..	..	..	..	..	..	..	..
Meningitis	..	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas	..	..	..	..	..	..	..	..	..	..	..	..	..
Anterior poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	..
Septicemia	..	..	..	..	..	..	..	..	..	..	..	..	..
Acute dysentery	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	..	..	..	..	..	4	4	..	4	..	8	3	23

Harford County.

Area in square miles, 439.8.

Population, 27,965.

Dr. H. Lee Hughes, County Health Officer.

Dr. F. W. Steiner, Health Officer of Havre de Grace.

Dr. Charles R. Kriete, Health Officer of Aberdeen.

The infectious disease returns from Harford county are classified as "bad," totaling but 74 for the year 1912.

COMMUNICABLE DISEASE CASES REPORTED IN HARFORD COUNTY. YEAR OF 1912.

Name of Disease.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Typhoid fever	1	..	..	..	1	..	1	1	4	6	3	..	17
Scarlet fever	7	3	..	9	..	..	4	..	..	..	..	4	27
Diphtheria	2	1	4	1	..	..	1	..	..	1	..	1	11
Whooping cough	..	..	..	..	..	..	..	..	..	..	..	..	..
Measles	..	..	..	..	..	..	..	..	..	..	..	..	..
Chicken-pox	1	..	3	..	..	..	..	..	..	..	..	..	11
Mumps	..	..	..	..	..	..	..	..	..	..	..	..	..
Influenza	..	1	..	1	..	..	..	..	..	..	..	..	2
German measles	..	..	..	..	..	..	..	..	..	..	..	..	..
Smallpox	..	..	..	..	..	..	..	..	..	..	..	..	..
Malaria	..	..	..	..	..	..	..	..	..	..	..	..	..
Meningitis	..	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas	1	..	..	..	..	..	..	..	..	..	..	..	1
Anterior poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	..
Septicemia	..	..	..	..	..	..	..	..	..	..	..	..	..
Acute dysentery	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	12	14	7	11	1	..	6	1	4	10	3	5	74

HOWARD COUNTY.

Area in square miles, 249.1.
Population, 16,106.

Dr. Wm. C. Stone, County Health Officer.
Dr. Wm. R. Eareckson, Health Officer of First District.
Dr. Wm. C. Stone, Health Officer of Second District.
Dr. B. F. Shipley, Health Officer of Third District.
Dr. J. W. Sims, Health Officer of Fourth District.
Dr. S. A. Nichols, Health Officer of Fifth District.
Dr. T. W. Linthicum, Health Officer of Sixth District.

The infectious disease returns from Howard county are classified as "good," totaling 110 for the year 1912.

COMMUNICABLE DISEASE CASES REPORTED IN HOWARD COUNTY. YEAR OF 1912.

Name of Disease.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Typhoid fever	3	3	3	2	..	..	2	6	7	7	2	2	37
Scarlet fever	..	1	..	..	..	..	..	..	..	..	..	..	1
Diphtheria	5	2	2	..	..	..	..	..	..	..	1	..	10
Whooping cough	13	6	2	1	..	..	..	..	5	..	3	1	31
Measles	1	..	4	..	..	..	..	..	..	..	..	..	5
Chicken-pox	6	..	..	..	..	..	..	..	..	..	..	1	7
Mumps	..	..	..	1	..	..	..	2	..	6	..	..	9
Influenza	..	..	..	..	..	..	..	..	..	..	..	..	..
German measles	..	..	..	..	..	..	..	..	..	..	..	..	..
Smallpox	..	..	..	..	..	..	..	..	..	..	..	..	..
Malaria	..	..	..	..	..	..	..	..	..	..	..	..	..
Meningitis	..	..	..	..	..	..	..	..	..	..	..	1	1
Erysipelas	..	..	..	..	..	..	..	..	..	..	..	..	..
Anterior poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	..
Septicemia	..	..	..	..	..	..	..	..	..	..	..	..	..
Acute dysentery	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	28	12	13	4	..	..	9	8	12	13	6	5	110

Kent County.

Area in square miles, 281.

Population, 16,957.

Dr. George R. Jones, County Health Officer.

The infectious disease returns from Kent county are classified as "bad," totaling but 74 for the year 1912.

COMMUNICABLE DISEASE CASES REPORTED IN KENT COUNTY, YEAR OF 1912.

Name of Disease.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Typhoid fever	..	..	..	..	..	2	5	2	8	10	10	3	40
Scarlet fever	2	..	..	..	..	..	..	..	..	..	..	1	3
Diphtheria	10	4	..	1	1	..	..	..	..	4	4	1	25
Whooping cough	..	..	..	..	..	..	..	..	..	..	..	..	..
Measles	..	..	..	..	..	1	1	1	1	..	..	..	4
Chicken-pox	..	..	..	..	..	..	..	..	..	1	1	..	2
Mumps	..	..	..	..	..	..	..	..	..	..	..	..	..
Influenza	..	..	..	..	..	..	..	..	..	..	..	..	..
German measles	..	..	..	..	..	..	..	..	..	..	..	..	..
Smallpox	..	..	..	..	..	..	..	..	..	..	..	..	..
Malaria	..	..	..	..	..	..	..	..	..	..	..	..	..
Meningitis	..	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas	..	..	..	..	..	..	..	..	..	..	..	..	..
Anterior poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	..
Septicemia	..	..	..	..	..	..	..	..	..	..	..	..	..
Acute dysentery	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	12	4	..	1	1	3	6	3	9	15	15	5	74

Montgomery County.

Area in square miles, 517.6.

Population, 32,080.

Dr. C. H. Mannar, County Health Officer.

Dr. William L. Lewis, Health Officer of Kensington.

Mr. H. E. Rogers, Health Officer of Takoma Park.

The infectious disease returns from Montgomery county are classified as "good," totaling 144 for the year 1912.

COMMUNICABLE DISEASE CASES REPORTED IN MONTGOMERY COUNTY, YEAR OF 1912.

Name of Disease.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Typhoid fever	4	..	1	..	1	..	2	3	9	15	2	..	37
Scarlet fever	..	1	..	..	..	..	2	..	..	1	4	..	7
Diphtheria	1	2	..	6	..	..	..	1	6	..	2	1	19
Whooping cough	4	..	15	..	13	3	..	..	..	..	..	3	38
Measles	..	..	..	..	1	1	1	..	..	1	..	..	4
Chicken-pox	2	..	1	1	..	3	..	..	..	..	..	..	7
Mumps	..	..	..	1	..	..	..	2	..	..	..	..	3
Influenza	..	..	20	2	..	..	..	..	..	1	..	..	23
German measles	..	..	..	..	7	..	..	..	..	..	..	..	7
Smallpox	..	..	..	..	..	..	..	..	..	..	..	..	..
Malaria	..	..	..	..	..	..	..	..	..	..	..	..	..
Meningitis	..	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas	..	..	..	..	..	..	..	..	..	..	..	..	..
Anterior poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	..
Septicemia	..	..	..	..	..	..	..	..	..	..	..	..	..
Acute dysentery	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	11	3	37	10	22	7	6	12	21	5	6	4	144

REFERENCES.

[41]The total number of cases of sickness from communicable diseases reported in 1911 was 6609; by including the 509 cases of tuberculosis sent in by county physicians, the figures are raised to 7118. In 1912 a total of 5727 cases of sickness from communicable diseases was reported, which number is swollen to 6249 when the county tuberculosis cases (522) are included. For purposes of demonstration and comparison, these figures will next be set forth in tabular form.

CASES OF SICKNESS FROM COMMUNICABLE DISEASES IN THE COUNTIES OF MARYLAND FOR 1912, 1911, 1910, 1909 AND 1908.

Name of disease.	Year of 1912.	Year of 1911.	Year of 1910.	Year of 1909.	Year of 1908.
Typhoid fever	1,697	1,980	2,348	1,977	1,647
Measles	1,675	1,706	1,323	2,471	2,047
Diphtheria	784	783	600	614	642
Scarlet fever	608	653	682	588	572
Whooping cough	441	453	734	355	355
Chickenpox	251	274	215	229	115
Mumps	103	605	243	91	101
Influenza	61	41	92	21	17
Anterior poliomyelitis	32	12	33	0	0
Smallpox	20	31	6	16	33
Erysipelas	18	15	15	18	9
Malaria	14	27	7	5	8
German measles	11	13	56	21	73
Meningitis	6	8	2	6	8
Septicemia	4	1	1	3	0
Acute dysentery	1	3	0	0	0
Trachoma	1	0	0	0	0
Glandular fever	0	0	0	0	6
Pellagra	0	3	0	0	0
Tetanus	0	1	0	0	0
Impetigo contagiosa	0	0	0	58	1
Catarrhal conjunctivitis	0	0	0	2	47
Ringworm	0	0	0	0	180
Contagious jaundice	0	0	0	0	15
Yearly totals	5,727	6,609	6,357	6,475	5,876

[42]The figures which I have given above, as well as those which follow for the respective counties, are the accurate and revised ones. Ordinarily, however, the areas in square miles are given in round numbers as follows: The gross area of the State is 12,210 square miles, of which 9860 square miles are land surface and 2350 square miles are water surface. Of the latter the included portion of the Chesapeake Bay is 1293 square miles; Assateague Bay, on the Atlantic coast, 93 square miles, with 1054 square miles of smaller estuaries and rivers.

(To be continued.)

Book Reviews.

INTERNATIONAL CLINICS. Volume XI. Twenty-third Series. Philadelphia and London: J. B. Lippincott Company. Cloth, $2 net. 1913.

For review, see editorial.

SOME DONT'S. Medical and Surgical. New York: The Fellows Company.

This little brochure is full of brief cautionary aphorisms which should prove of inestimable value to those who are inclined to rush where angels fear to tread. It is a well-known fact that most of the mistakes of the profession are of omission rather than commission; nevertheless, there are times when it is better to omit than commit, and it is with these occasions that this booklet deals. As an example of its advice, we excerpt the following: "Appendicitis Don'ts." Don't give any food or even water by mouth; don't give too favorable a prognosis, even if the case seems to be a mild one, etc. The brochure is full of such good healthful advice, and is well worth the time necessary to completely read it.

MARYLAND MEDICAL JOURNAL

NATHAN WINSLOW, M.D., *Editor.*

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HUGH H. YOUNG, M.D. | ALEXIUS MCGLANNAN, M.D.
RICHARD H. JOHNSTON, M.D. | A. SAMUELS, M.D.

BALTIMORE, AUGUST, 1913

THE present number of International Clinics contains so much of interest to the doctor, ordinary doctor, family physician, surgeon and specialist that we feel constrained to give it a more prominent place than in the Book Review column. Do not think for one minute, however, that the present volume is a marked exception to its fellows, for such is not the case, the editor, Dr. Cattell, being an extremely good judge of what the doctor needs, and in each issue has several articles of more than usual merit. Volume XI, twenty-third series, however, is full of useful practical papers by eminent authorities, rendering it slightly more attractive than some of its predecessors. The frontispiece is a beautiful colored illustration, depicting a giant celled sarcoma of the finger. The very first article should appeal to the practitioner. It deals with "The Therapeutic Indications for Antitoxins, Serums and Vaccines." These agents have come into such general use and application that they should be better understood than heretofore if the best results are to be obtained from their use. The author rightly says: "The proper use of antitoxins, serums and vaccines is a subject that is rapidly becoming of vital interest both to the specialist and the general practitioner who are ambitious to apply for the relief of their patients the various reliable products of the modern laboratory, and the question will therefore be treated to avoid as much as possible intricate laboratory methods, difficult nomenclature and phylacogenetic discussion."

The writer predicts that the marvelous strides made by this method of treatment will be still further augmented in the future, when all cases of infection will be treated, diagnosed or prevented by the use of an antitoxin, serum or bacterin, to the partial or com-

plete exclusion of drugs formerly used for this purpose. When vaccines are indicated, the writer states that autogenous preparations are by far the more rational, scientific and successful in their effect upon a given condition, and should always be first thought of. In those instances in which time is an important factor, stock preparations are recommended, as, for instance, septic conditions and lobar pneumonia, or in cases in which cultures cannot be obtained, at any rate until the time when autogenous cultures can be prepared. The author declares that many instances of failure in vaccine-treated can be attributed to the use of too old cultures, *i. e.*, the injection of a gonococcic vaccine produced from a series of cultures extending over a period of several months into an individual suffering with an acute urethritis. The writer then takes up seriatim those maladies in which he has found these agents to be of use, and explicitly and minutely describes the technic. Another article which should appeal to the general reader is "The Treatment of the Common Animal Parasitic Diseases, Including Grain Itch," by Frank Crozer Knowles, instructor in dermatology, University of Pennsylvania. It is an article distinctly for the general practitioner, being written in simple language and directed toward the treatment of such conditions as scabies, pediculosis corporis, etc. It contains hints which will prove useful to every family doctor. The paper on "Psychoneuroses in the Male," by James J. Walsh, is timely, as it directs attention to the manifold increase of neuroses in the male. The article states that the condition is more prevalent in Europe than in our country, but that it is not limited to country or any age. In our modern day, the writer says, the most fruitful source of these psychoneuroses is undoubtedly found in the environment of a man who has been developing his muscular system either by actual hard work or by athletics, and then is confined to an office or to very narrow quarters, which give him little or no opportunity to utilize his muscular energy. The author then discusses a number of cases which he has seen in active walks of life. Before concluding the article he warns against overlooking kidney degeneration or some condition of the heart or liver in men past 40 who complain of tired feelings, disturbed sleep and loss of appetite. Other articles of interest are "The Prevention of Eclampsia," "Medical Application of Radioactive Elements," and "Diagnosis of Diseases of the Heart."

Medical Items.

Dr. Robert Hoffmann of 1325 Park avenue will go abroad in August.

Frank R. Eldred, director of the scientific division of Eli Lilly & Co., received the degree of doctor of pharmacy from the Medico-Chirurgical College of Philadelphia at the June commencement. Mr. Eldred is well known in pharmaceutical and chemical circles by reason of his investigations which have been published from time to time by the pharmaceutical and chemical press.

Dr. Clement A. Penrose, Johns Hopkins Medical School, '97, of 21 West Mt. Royal avenue, left July 2 for Siasconset, Mass., where he will spend the summer with his family.

Dr. J. S. Ames, director of the physical laboratory of Johns Hopkins University, has made a study of the proposed post-graduate department at the Naval Academy, and has given his unqualified endorsement to the proposal. Secretary of the Navy Daniels is much pleased with the expert opinion of Dr. Ames.

Dr. Thomas P. Sprunt of the Johns Hopkins University has been appointed professor of pathology in the graduate school of medicine of the University of Alabama, Mobile, Alabama.

Among those who attended the May dinner of the South River Club of Anne Arundel county, Maryland, were Dr. James D. Iglehart, Dr. Murray Cheston and Dr. Richard Hill.

A daughter, Winifred Holt, was born recently to Dr. Joseph C. Bloodgood, associate professor of surgery, Johns Hopkins Hospital, and Mrs. Bloodgood.

Dr. C. C. Haskell, Director of the Department of Experimental Medicine, Dr. Severance Burrage, Director of the Biological Department, and Dr. C. S. Woods, medical counsel, all of Eli Lilly & Co., attended the meeting of the American Medical Association at Minneapolis during the week of June 16.

Dr. William Stevenson Baer, Johns Hopkins University, '98, 4 East Madison street, was recently offered the chair of orthopedic surgery in the Leland Stanford Junior University, California. In spite of the compliment attached to this offer, Dr. Baer's friends are rejoicing in the fact that he has seen fit to decline and will remain in Baltimore, where he is associate professor of orthopedic surgery at Hopkins.

Dr. Hiram Woods, University of Maryland, '82, professor of eye and ear diseases, attended the meeting of the American Medical Association, which met in Minneapolis, June 13. Among the Baltimoreans he met at the convention were Drs. Randolph Winslow, Thomas S. Cullen, Hugh Young, William S. Thayer and C. Hampson Jones.

The engagement is announced of Dr. Louis M. Allen, University of Maryland, '96, of Winchester Va., to Miss Dorothy Gilpin. The wedding will take place shortly after Christmas in Christ Protestant Episcopal Church at Millwood, Va., and will be a typical Virginia one. Dr. Allen and his bride will live in Winchester, where Dr. Allen is practicing his profession.

Major Roger Brooke, M.C., U. S. A., Baltimore Medical College, 1900, is stationed at the Presidio, San Francisco. He has spent much of his time since graduation in the Philippines, and paid a recent visit East. While in Baltimore he visited the college and hospital.

Dr. Ernest Rowland, Baltimore Medical College, '95, is president of the Cecil County Medical Society.

Dr. Horace M. Simmons, former editor of Maryland Medical Journal and later associated with the *Hygienic and Dietetic Gazette*, and Mrs. Simmons, are spending some time in California. At present they are stopping at 5971 Chula Vista Way, Los Angeles.

Dr. A. L. Walters will become connected with the Department of Experimental Medicine of Eli Lilly & Co. in July. Dr. Walters is a graduate of Purdue University with a degree of B. Sc. in 1904, and spent the four years following his graduation in the Botanical Department of the Lilly company. In 1908 he resigned to enter the medical department of Johns Hopkins University, and received the degree of doctor of medicine in 1912, since which time he has been engaged in hospital work as an interne at the Providence City Hospital, R. I., and at the Johns Hopkins Hospital, Baltimore.

In addition to his medical training, Dr. Walters is also a graduate pharmacist, and is especially qualified to carry on work in experimental medical lines.

Dr. H. Warren Buckler of 806 Cathedral street is spending the summer with his family at Jamestown, R. I.

Dr. Randolph Winslow, University of Maryland, '73, professor of surgery, who has

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been on an extended trip through the West, has returned home. While at Spokane, Wash., he saw Dr. A. Aldridge Matthews, formerly superintendent of the University Hospital.

Dr. Reid Hunt, U. S. P. H., Physicians and Surgeons, '96, formerly of Johns Hopkins University, has been appointed a professor in Hartford University. For some years Dr. Hunt has been connected with the Bureau of Hygiene, Washington, D. C.

Dr. H. Arthur Mitchell of Elkton has been designated as a personal aide to General Charles D. Gaither, Maryland National Guard.

Dr. William H. Welch, chairman of the administrative committee Johns Hopkins University, sailed July 1 on the steamship Kronprinz Wilhelm for Bremen. Dr. Welch will spend the summer abroad, the greater part of which will be spent in Germany, returning to this country in the fall.

Dr. J. Morris Slemmons, Johns Hopkins Medical School, 1901, associate professor of obstetrics at Johns Hopkins University and one of the most prominent obstetricians in the city, has accepted a chair in the University of California, at San Francisco. His associate will be Dr. Arthur H. Morse, also a graduate of the Johns Hopkins Medical School, 1908, who will accompany him. Dr. Carl M. Wilson, a former resident physician at Hopkins Hospital, will succeed Dr. Slemmons.

Dr. Henry Barton Jacobs, of 11 Mt. Vernon Place, is spending the summer at Newport.

The Medical Association of Howard County held its second annual banquet at Ellicott City, Md., June 12, 1913, at the Howard House. Dr. William Magruder of Olney, Montgomery county, was the oldest practicing physician present. He is nearly 80 years of age, and is still very active. Among the speakers were the following: Dr. W. Rushmere White, president; Dr. Randolph Winslow, Dr. Alfred Gundry, Dr. Morris Bierly, Dr. Richard Batson, Dr. William Magruder, Dr. William T. Taylor, Dr. Charles W. McElfresh, Dr. J. Morley Hoag and Dr. William B. Gambrill.

Dr. W. B. Wolf of 113 West Franklin street has leased a house at Catonsville, Md., for the summer.

Dr. Charles W. Young, professor of bacteriology and pathology in the Union Medical College, Pekin, China, who has been in this country since last August on leave of absence, has returned to China. He came here expressly to buy classroom supplies for his college. Before leaving, he gave an illustrated lecture on the plague epidemic before the Epworth League, this city.

Dr. Joseph C. Bloodgood and Mrs. Bloodgood are spending the summer at Roland Park.

MARRIAGES.

Paul Brown, M.D., University of Maryland, '09, formerly of Gaffney, S. C., to Miss Viola Edmondson of Baltimore, Md. at Baltimore, June 25, 1913. They left immediately for a Southern trip, and upon their return will live at 1841 Pennsylvania avenue, Baltimore, where the groom is practicing his profession.

Claud C. Smink, M.D., University of Maryland, '09, of Lauraville, Md., to Miss Sarah Lillian Long of Westover, Md., at Westover, June 30, 1913. After a wedding trip to Atlantic City and other points, Dr. and Mrs. Smink will reside at Lauraville, Md.

George A. Anderton, Baltimore Medical College, '07, of Morris Plains, N. J., to Miss Minnie P. Newman of Catonsville, Md., at Catonsville, June 25, 1913. Dr. and Mrs. Anderton will reside at Greystone Park, N. J., where Dr. Anderton is connected with the New Jersey State Hospital.

James Emery Rawlings, M.D., University of Maryland, '04, of Daytona, Fla., to Miss Madge Mogee of Morristown, Pa., at Morristown, May 22, 1913.

DEATHS.

Edward L. Downs, M.D., University of Maryland, '86, died at Butler, Pa., March 27, 1913, aged 55 years.

Horace Jayne, M.D., post-graduate student, Johns Hopkins University, of Wallingford, Pa., died suddenly at his home in Wallingford, July 8, 1913, aged 55 years.

W. F. A. Kemp, M.D., University of Maryland, '72, of Baltimore, Md., died at his home, 8 West 25th street, this city, July 10, 1913, aged 64 years. Dr. Kemp was for many years treasurer of the Medical and Chirurgical Faculty.

Osis Guy Brinkley, M.D., Physicians and Surgeons, '02, of Nansemond county, Va., died suddenly at Savannah, Ga., June 17, 1913, aged 40 years. Dr. Brinkley was a specialist in cancer and skin diseases, and had been practicing in Savannah for seven years. He was shot and killed by a patient in his office.

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Abstract.

WOOD-ALCOHOL BLINDNESS.

H. Woods, Baltimore (*J. A. M. A.*, June 7), reports two cases of blindness from wood alcohol in addition to those formerly reported by him. His object in reporting them is to arouse, if possible, a sufficient medical public opinion to bring about legislation that will protect unsuspecting individuals from misfortune from this source. In one of the cases the blindness is attributed to the external use of wood alcohol; in another from drinking supposed and mislabeled whiskey containing it. The cheapness of the substance is a temptation to manufacturers and dealers, and the discovery that it could be deprived of its nauseating qualities has been a misfortune. He remarks on the singular fact of the different susceptibility of individuals, some persons seeming to be able to take considerable quantities with immunity. The preventive methods Woods recommends, in case its manufacture cannot be prohibited, are, first, making it mandatory to leave it undeprived of its nauseous qualities or else making it otherwise unfit for drinking. The State Board of Health should control its use, and individuals, firms or corporations utilizing it should be obliged to report the fact to the Health Board. Its use in vaults, vats or unventilated places is a terrible menace to society and life, and should be regulated. Those using it should take special pains to instruct their employes as to its dangers, and wherever it is sold it should be with the usual precautions attending the sale of dangerous poisons.

Editorial Comment.

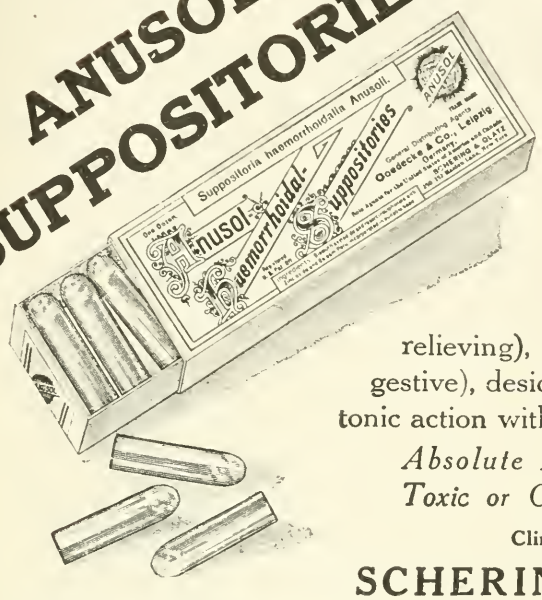
HOOKWORM CAMPAIGN IN ALABAMA.

Southern Medical Journal.

Dr. Wm. H. Sanders, State Health Officer; Dr. William W. Dinsmore, State Director of the Hookworm Campaign, and three assistant directors, viz., Dr. T. Frazer Orr, Dr. W. W. Perdue and Dr. E. V. Caldwell, constitute the executive and field force actively engaged in the work. The ability of an executive officer is chiefly displayed in his selection of subordinates, and their fitness is demonstrated by the degree of success they attain. In this instance the results have been, so far as the effort has been extended, all that could be desired.

The plan is to secure first the approval and co-operation of the county medical societies where the work is to be done, and then the assistance of the county officials. Money is the test of sympathy, and in this instance the money has been appropriated when asked for. In the fourteen counties covered at the time the *Journal* received its information, not one county court of commissioners has failed to respond favorably to the petition from the directors for funds with which to fight the hookworm. This is because of the previous education concerning the parasite, due primarily to Dr. Charles Werdell Stiles and his persistent work, and next the energy and talent displayed by Dr. Dinsmore, who has accom-

ANUSOL SUPPOSITORIES



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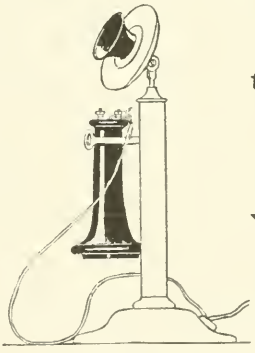

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plished immense improvements in the territory which he has thus far been enabled to cover with the aid of his able assistants. He has distributed numerous leaflets of a practical character that must have great effect in educating the people of infected localities.

Under the direction of Dr. Dinsmore and his assistants the effort has been thoroughly systematized. Children from six to eighteen years of age have been inspected in and out of school and taught the nature of the danger of soil pollution; lectures illustrated by lantern slides have entertained and convinced the parents and other "grown-ups;" free dispensaries for diagnosis and treatment of hookworm have been established at convenient points in the counties worked, and it has in every way possible been made easy for sufferers to find relief and restoration to health. In all these matters Dr. Dinsmore and his official assistants have been constantly active and successful. Under his direction the pioneer worker in the counties was Dr. H. G. Perry, who, with Dr. T. Frazer Orr, opened the campaign in Houston county. Dr. Orr established a dispensary at Dothan, while Dr. Perry extended the work to adjoining counties.

Alabama will owe Dr. Dinsmore and his co-workers a debt that no mere money reward can repay when her infected, languid citizens have been restored to their full life and vigor, able and ready to perform their duty to humanity and the State. It is almost like witnessing a resurrection to see whole neighborhoods that had been marked by apparent indolence and inefficiency suddenly springing forward to seize the tools of industry and the opportunities for improvement. Nothing exactly like the modern crusade against hookworm has ever before been witnessed in the history of humanity, and future generations will honor the memory of Stiles and his followers, among whom the name of Dinsmore will brightly shine.

CRIMINAL ABORTION.

Ellingwood's Therapeutist.

Notwithstanding a prominent New York editor has within the past year written a large number of articles which can readily be construed to favor production of abortion, some pointed articles have been recently written by excellent writers showing the terrible effects of criminal abortion. A German writer recently claims it is a source of depopulation, surpassing in importance that of epidemic diseases. He claims that the conscience of the public should be trained to deprecate such a truly criminal procedure.

"LOCOED" AGAIN.

The Medical Standard.

Modern science has a way of astounding us with startling "discoveries" which upset all our settled ideas. But too often, after we have oriented ourselves to the new idea, someone comes along and makes a new investigation—and science takes it all back!

Such has been the experience with "loco" disease, as it is called, which annually destroys some millions of dollars' worth of stock in the Western States. Four years ago Crawford of the Government Bureau of Plant Industry made a study of loco weeds, and

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A diet that is consistent with present teachings.

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came to the conclusion (which seemed to be well supported by evidence) that this disease was caused by the presence of barium or its salts in these plants. It was supposed that the barium had a peculiar toxicity for animals eating plants containing it.

However, the work of Alsberg and Black (Bulletin 246, Bureau of Plant Industry), recently published, leaves us just about where we were four years ago. They have found that other plants in the Western States contain about as much barium as the loco weeds, but do not injure stock on the range. Moreover, the barium in the loco weeds is present in an almost insoluble form; and still further, there are enough salts of calcium, potassium and other metals contained in the loco to kill the experimental rabbits when these salts are extracted; but similar extracts of alfalfa will also kill the rabbits if given in the same dosage.

The barium theory of loco disease is, so it would seem, pretty well exploded. Thus passeth another of our "triumphs of modern science." In passing we might remark that we have seen theory after theory, in all branches of science, come and go in the same way. But we go forward constantly just the same.

THE RAT, THE FLEA AND THE PLAGUE.

Southern Medical Journal.

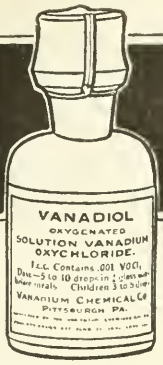
Under the above title Dr. Isadore Dyer of New Orleans publishes a pamphlet under the auspices of the New Orleans Medical Plague Conference Committee, composed of the health officials and the leading physicians of that city.

The theme of the pamphlet, printed in capital letters is, "No Rats, No Plague. The rat is the carrier, the flea is the transmitter. Plague, rat, flea, man; plague, rat, flea, man, so the cycle runs." Abolish either rats or fleas and you abolish the plague. In view of such a simple problem it would seem amazing that so many millions of human beings have been destroyed by plague since recorded history began. But, unfortunately, the bacillus pestis can be communicated by other means than the simple cycle described.

There is no doubt of the efficiency of rats and fleas in transmitting plague, but when once established plague can be transmitted from one person to another by the breath, causing the pneumonic form, which is the most fatal of all. However, if the rat and the flea did not first get in their work there would be no deadly effluvia for inhalation from an infected breath.

Dr. Dyer cites the example of San Francisco in the second plague invasion, that of 1907, when the citizens had learned by costly experience the folly of concealment and the wisdom of prompt and public action. When all classes and conditions of people went to work together intelligently and energetically, the disease was conquered and commerce revived.

Nearly a year ago the *Southern Medical Journal* editorially warned its readers of the inevitable danger now so apparent. Like "the voice of one crying in the wilderness," the warning had little effect, and it may possibly be true that even now some infected rat has burrowed in the sewers of Southern cities, which are just waking up to their peril. So the *Journal* again enunciates a warning to our Southern coast cities, and it is this: *Lookout for*



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dead rats. The finding of *one* such should arouse suspicion, *two* should awaken *fear, three* should provoke a thorough investigation.

Lookout for dead rats!

THE "MOVIES" AND EYESTRAIN.

The Medical Standard.

Considering the enormous growth of the moving-picture business, it is remarkable that there has been so little complaint of injury to the eyes as a result of attendance upon these places of amusement However, Dr. George M. Gould, who is ever on the alert for evidences of eyestrain, reports in the *Journal of the American Medical Association* the rather frequent occurrence of symptoms that can only be ascribed to this cause. These symptoms, he says, do not differ greatly from those commonly caused by eyestrain of any kind. The most common are headache, sick headache, migraine—in one of its many protean forms. There may be also ocular or cerebral weariness, malaise, loss of appetite, "sick stomach," even vomiting, sleepiness, and the common complaint that "my glasses need changing." Dr. Gould seems to believe that the eye disturbance by the moving picture is due to causes that in part, at least, are removable. When the pictures are illuminated better than they now are, and the pictures are so rapidly photographed upon the films that there is complete continuity of scene, instead of the rapid, yet still perfectible, hiatus between the different images, they will be much less likely to put dangerous strain upon the human retina. Considering the rapidity with which the kinematograph business has grown up (there are now from 12,000 to 20,000 moving-picture theaters), it is not to be wondered that the technical problems are still far from being solved.

THE THYROID IN CONVULSIONS.

Ellingwood's Therapeutist.

Not only in puerperal convulsions, but in epilepsy, has the use of the thyroid extract recently been found to be beneficial. A foreign writer has used .5 gm. thyroid extract daily, with improvement in the attacks almost from the first, and a gain in the mental condition. We must learn to designate between those cases in which this extract will be beneficial and those in which it will be undesirable. In inefficient action of the thyroid it should be a desirable remedy.

A FIVE YEARS' MEDICAL COURSE.

The Medical Standard.

Pennsylvania is the first of our States to take the step of requiring a fifth, or hospital year, as a prerequisite for the practice of medicine within its borders. Its State Board of Medical Examiners has announced that after 1914 such a fifth year will be made compulsory. This ruling is said to have the support of the two leading medical schools of Philadelphia, the Jefferson Medical College and the Medical Department of the University of Pennsylvania. Such a law would work no considerable hardship upon their graduates, since fully 90 per cent. of these young men are already securing hospital internships. The law might, however,

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BALTIMORE WASHINGTON

The Effect of Resinol in Typical Skin Diseases

By J. H. Hurst, M.D., Indian Springs, Tenn.

I have had many interesting cases of skin diseases come under my observation in which Resinol ointment has given excellent results. I have been prescribing this preparation for over fifteen years and beg to submit case reports of two typical instances of its successful use.

CASE 1.—Mrs. C., aged 58, came under my care suffering with a very aggravated case of eczema. The disease covered both hands and extended to about the elbows. It had continued over a period of something like six months and was one continuous eruption, giving excruciating pain, especially when getting the skin wet. It had been treated at home with various lotions, salves, etc., and by one very able young doctor, a friend of mine. The patient finally asked me to "try my hand at the case." The skin was first thoroughly softened with Resinol soap and dried. After this the Resinol ointment was thoroughly rubbed in every night and morning. *Itching ceased after the first application* and the case went on to rapid recovery, the skin being perfectly smooth in a week.

CASE 2.—Mr. James B. presented a marked case of tinea sycosis (barber's itch). Numerous remedies had been tried with only temporary relief. The disease had become chronic, covering a period of over two years. These cases are very hard to handle with ordinary treatment. I prescribed Resinol ointment, the skin being well softened by Resinol soap and hot water first. The Resinol ointment was used every night, on retiring, no shaving being permitted, but clipping the beard with sharp scissors. This treatment was entirely successful in about two weeks. After three years there has been no return.

NOTE.—While Resinol ointment has its largest application in the treatment of skin diseases, and especially in the speedy control of itching, yet its properties are such that it lends itself to a wide range of other uses. As a dressing for burns and scalds, ulcers, boils and similar lesions, for severe chafing, and for piles, it is convenient, uniform and efficient. Physicians wishing to test Resinol ointment and Resinol soap can obtain samples on application. Also ask for a miniature Resinol shaving stick

RESINOL CHEMICAL CO., Baltimore, Md.

mean much to physicians coming from other States to practice in Pennsylvania.

Such a law has much to recommend it. The time spent in a hospital after the completion of the theoretical course is time well spent. By giving practical facility in the technique of the physician's work it is simply invaluable. Most hospitals provide for the maintenance of their internes, so the financial burden will not be a hard one. On the whole, we hope that other States will follow the trail blazed by Pennsylvania.

PROBLEMS OF THE SOUTH.

Southern Medical Journal.

THIS office has been favored by Dr. John L. Jelks of Memphis, with a copy of an address with the above title, which he delivered at Jonesboro, Ark., October 8, and at Paragould, Ark., December 4, 1912.

The article is devoted principally to the sanitation of railroads, their cars, their rights of way, buildings, etc., and he demonstrates that it pays such huge corporations to see that their premises, from one end of their line to the other, are sanitary and attractive. He shows that where the depot is a blotch on the landscape and a menace to health, the employes lack the health and spirit required for full efficiency. He speaks of how Miami and Palm Beach, once desolate resorts of alligators and snakes, have been rendered sanitary and beautiful by Flagler, thus profiting him over half a million dollars. He speaks of the fly in a way to add shudders of nausea to the resentment we already feel at his intrusion.

He is an ardent advocate of Government aid in sanitation work, and though a good Southerner, is not afraid the doctrine of "States' rights" will be annihilated thereby. The address is a good, strong, ringing appeal to his fellow-citizens everywhere to wake up and join the crusade against flies, mosquitoes and dirt. The *Journal* does not know his politics—politics in Tennessee are, as the darkey said when they hauled him out of the wrong chicken house, "powerful mixed"—but as far as medicine, energy and sanitation go, Dr. Jelks is certainly a Progressive.

THE UNPOPULARITY OF MORALITY.

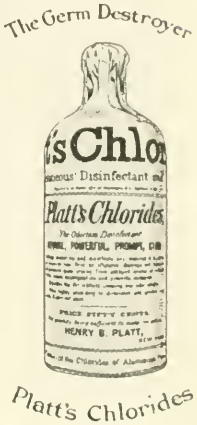
The Medical Standard.

WE agree with the *Clinique*, which, in commenting upon the alarming spread of venereal diseases in this country, takes occasion to call attention to the unpopularity of sexual morality as a factor to be reckoned with. There is a growing attitude of tolerance for illicit living among young men. To be sexually unclean has become a joke, and an immoral liaison is too often considered a thing to boast about. Prudency permeates our literature, art, drama, philosophy, even our "moral" disquisitions on "sex hygiene." As a natural result of all this, of course, we may expect a large percentage of our youth to acquire the venereal diseases.

We confess a firm belief in the old-fashioned morality as a means of developing manliness and womanliness, as well as in the preservation of health. Clean living, clean thinking and hard work provide a sufficient panacea for restraining the too hot fires of passion, and medical men should certainly use all their efforts to show that it pays to lead lives that are free from the moral and physical danger of indiscriminate sexual indulgence.

Protection Against Infection

Flies live on filth and spread disease. They carry contagion from the sick to others. Kill them, as they are a menace to health. Keep them out of your homes. Destroy all germs by disinfecting your refrigerator, kitchen, closets, basins and all suspicious places with



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Editor, Nathan Winslow, M.D., 3304 Walbrook avenue, Baltimore, Md.

Managing Editor, Nathan Winslow, M.D., 3304 Walbrook avenue, Baltimore, Md.

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NATHAN WINSLOW, Editor.

Sworn to and subscribed before me this 18th day of April, 1913.

(Signed) J. ALEX. HILLARY, JR.,
Notary Public.

(My commission expires May 4, 1914.)

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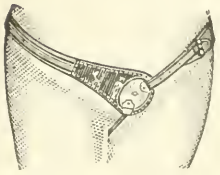

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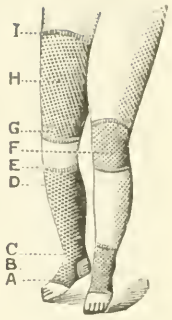

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THIS Directory is maintained mainly for the benefit of local firms seeking the patronage of physicians and their families. Only well established and reliable concerns will be represented, and doubtless the space at our disposal will be constantly in demand. In responding to these exploitations, the reader will find it mutually advantageous to mention the MARYLAND MEDICAL JOURNAL.

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Danger Due to Substitution.

HARDLY another of all the preparations in existence offers a wider scope to imposition under the plea of "just as good" than the scientifically standardized Eucalyptol.

The most recent fraud practiced in regard to this product is an attempt to profit by the renown of the firm of Sander & Sons. In order to foist upon the unwary a crude oil, that had proved injurious upon application, the firm name of Sander & Sons is illicitly appropriated, the make-up of their goods imitated, and finally the medical reports commenting on the merits of their excellent preparation are made use of to give the desired luster to the intended deceit.

This fraud, which was exposed at an action tried before the Supreme Court of Victoria at Melbourne, and others reported before in the medical literature, show that every physician should see that his patient gets exactly what he prescribed. No "just as good" allowed.

The New Treatment for Pneumonia.

AFTER long and laborious clinical study—extending, in fact, over a period of more than twenty months—Messrs. Parke, Davis & Co. announce the addition of Pneumonia Phylacogen to their list of therapeutic agents. This product is designed for the treatment of pneumonia or any infection caused by the pneumococcus. Administered in the early stage of the disease, it is said to cut short the pneumonic process in a manner that is truly remarkable.

Pneumonia Phylacogen has been administered to patients of all ages and of many nationalities, with highly gratifying results in a large majority of cases. "From experience gained in the study of typical cases treated under favorable circumstances," one writer remarks, "we are led to believe that almost every case of pneumonia seen within the first twenty-four hours after the initial chill will recover if properly treated with Phylacogen." Another observer, a professor in one of the large American medical schools, pays the product a high compliment in these words: "Pneumonia Phylacogen is the only therapeutic agent in my experience that has ever shown a definite threapeutic action on the pneumonic process."

In view of the fact that pneumonia is one of the commonest and most fatal of infec-

tions (it is said upon good authority that it causes more deaths than tuberculosis, scarlet fever and smallpox combined), the new Phylacogen gives promise of a veritable therapeutic blessing.

Diamond Antiseptics, Lilly.

Diamond Antiseptics, Lilly, are justly popular among physicians and surgeons, because they are rapidly soluble, accurate in grainage and safest in office use or in leaving with the patient. The presence of citric acid hastens solution, prevents precipitation of insoluble mercury in neutral solutions in hard water or when brought in contact with albuminous liquids.

Diamond Antiseptics, Lilly, have in addition to the advantages noted a characteristic shape, which minimizes the possibility of error in using them. In addition, the nature of the tablets is at once apparent, because each one is marked "poison," and they are packed in diamond shaped bottles, with serrated corners, plainly labeled "poison."

Bichloride of mercury, available as Diamond Antiseptics, Lilly, is the most generally useful germicide at the physician's command.

Safe, Pleasant and Thorough.

The advantages in using Pil. Cascara Comp. (Robins) are safety and pleasantness if dose is graduated to suit; certainty and thoroughness in results; universal adaptability as an aid to any similar or dissimilar compound. No mercury, strychnia nor belladonna. Two strengths—mild (1 gr.) and strong (4 grs.) aid the physician in dosage.

Uralithic salt is truly an acid eliminant and gentle laxative. In the treatment of lithemia, rheumatism, cystitis, it gives prompt relief. Its composition is of the highest degree of potency, a half teaspoonful being stronger than one teaspoonful of many similar preparations. Can often be taken when the stomach revolts against other compounds. In administering to those with delicate stomachs and children, palatability is secured by giving suitable dose in lemonade or with any appropriate flavoring.

The Pallid School Girl.

In view of the modern methods of education, which force the scholar at top speed, it is not to be wondered at that the strenuous courses of study prescribed for the adolescent girl more than frequently result in a general breakdown of both health and spirits. Each winter the physician is consulted in such cases, and almost always finds the patient anemic, nervous and more or less devitalized. In most instances a rest of a week or two, together with an efficient tonic, enables the patient to take up her school work again with renewed energy. Pepto-Mangan (Gude) is just the hematinic needed, as it acts promptly to increase the red cells and hemoglobin, and to tone up the organism generally. It is particularly suitable for young girls, because it never induces or increases constipation.

Tranquillity During General Infections.

One of the most urgent needs during a severe general infection—typhoid, for instance—that of securing rest for the patient, is satisfactorily secured by means of Pasadyne (Daniel). The advantages of this product for the purpose named will be better appreciated when it is recalled that Pasadyne is the Concentrated tinct. of Passiflora Incarnata compound, the above name being employed to distinguish Daniel's product from others. Pasadyne (Daniel) possesses soporific properties in a marked degree, with the further advantage that it is free from the disagreeable after-effects of other potent hypnotic agents. Pasadyne (Daniel) may be advantageously employed whenever a sedative is indicated.

To Promote Digestive Tone.

When the functional activity of the digestive tract has been impaired by concomitant diseases, and on this account the nutritive processes are unable to serve the body effectually, Seng is always indicated. This preparation is derived from Panax (Ginseng) and is pleasant to take as well as promptly active in enticing an appetite, gently stimulating the flow of digestive secretions, and giving tone to the or-

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gans of digestion generally. Seng acts along the line of "physiological suggestion" rather than as a substitute for the digestive ferments. In other words, it promptly stimulates the secretory activity of the stomach and intestines, so that there is a speedy return to normal physiological functionating. The dose, one to two teaspoonfuls, may be administered before or during a meal. When given alone, it is preferably administered in a small amount of water. The significance of loss of appetite as a forerunner of many serious diseases is well appreciated by the astute diagnostician and clinician. It is in such instances that Seng is valuable in greatest measure as a dependable prophylactic. By stimulating flagging digestive and assimilative functions in the beginning, it often prevents what would surely be serious and intractable nutritional disorders later.

A Therapeutic Point Worthy Attention.

A FEATURE that has contributed to make Cord. Ext. Ol. Morrhuae Comp. (Hagee) so widely popular is the ease with which it is tolerated during the hottest kind of weather. This is a marked advantage, and one well worthy the physician's consideration, for the need of a tissue food such as Cord. Ext. Ol. Morrhuae Comp. (Hagee) may be just as pressing in an individual case in summer months as during the coldest weather.

By the same token this product is especially well adapted to the needs of those with a delicate gastric apparatus.

Functional Disturbances of the Liver.

WHEN one stops to think of the work the liver is called upon to do in the human economy and the excessive burden so frequently placed upon it by errors of diet, faulty methods of living, etc., it is really surprising that this great organ—the largest gland of the body—does not become deranged more often than it does.

Clinical study has shown, however, that the liver is much more subject to functional disturbance than is generally realized. The opinion has been growing for some time, therefore, that not a few obscure conditions of the intestines, particularly those grouped under the term "auto-intoxication," should be attributed to sluggishness or torpidity of the liver processes.

In view of this, there is an increasing demand for a cholagogue that can be relied upon to stimulate the functional activity of the liver without at the same time producing a degree of catharsis that is neither necessary nor desired. Many and various are the drugs that have been tested with this in view, but practically the only one that has met the situation is that long known and widely used preparation of Chionanthus Virginica, Chionia.

This product is exceedingly effective as a stimulator of hepatic processes, and administered in proper dosage it is not only an effective cholagogue, but what is especially important, it can be relied upon to produce its effects without causing undue activity of the bowels. The prompt influence of Chionia on hepatic functions consequently gives it a broad range of usefulness, not only in overcoming liver disorders themselves, but also the various affections that are dependent on hepatic deficiency or derangement. It is indicated in acute and chronic hepatitis, catarrhal jaundice of cholangitis, biliousness, chronic intestinal catarrh, intestinal putrefaction, auto-intoxication and all maladies caused or aggravated by derangement of the liver.

The significant feature attending the use of

Chionia is that it always acts by promoting or augmenting natural processes—never by superseding them. It belongs, therefore, to the class of remedies aptly designated as physiologic, for its whole action is to restore and maintain normal or physiologic conditions of the liver.

A Systemic Boost.

It is safe to say that the average physician is called upon to prescribe a tonic more frequently than any one other form of medication, unless it be a cathartic. Patients who are patients solely because they are tired, "run down" and generally debilitated are constant visitors at the physician's office. Such individuals need something that will boost them up to their normal point of resistance and then hold them there—in other words, not a mere temporary stimulation, with secondary depression, but a permanent help to the revitalization of the blood and a general reconstruction. Pepto-Mangan (Gude) is not only prompt in action as an encourager of appetite and better spirits, but is also distinctly efficient as a blood builder and systemic reconstituent. It is pleasant, non-irritant, free from constipating effect and does not stain the teeth. It is thus a general constitutional tonic of positive service in all conditions of general devitalization.

Vaso-Motor Derangements.

The part played by the vaso-motor system in countless diseases is at last thoroughly recognized. As a consequence, circulatory disorders are among the most common functional ailments that the modern physician is called upon to correct. Various heart tonics and stimulants are usually employed, but the effect of these is rarely more than temporary. To re-establish a circulatory equilibrium that offers real and substantial relief from the distressing symptoms that call most insistently for treatment requires a systematic building up of the whole body. Experience has shown that no remedy at the command of the profession is more serviceable in this direction than Gray's Glycerine Tonic Comp.

For nearly 20 years this standard tonic has filled an important place in the armamentarium of the country's leading physicians. Its therapeutic efficiency in restoring systemic vitality and thus overcoming functional disorders of the vaso-motor or circulatory system is not the least of the qualities that account for its widespread use. The results, however, that can be accomplished in many cases of cardiac weakness have led many physicians to employ it almost as a routine remedy at the first sign of an embarrassed or flagging circulation.

Dressings in Suppurating Wounds.

The healing of suppurating wounds may be expedited in a marked degree by the use of Ecthol (Battle). In addition to a germicidal influence it adds to cellular resistance, as a result of which the luxuriant germ growth becomes inhibited, until finally the purulent process becomes reduced to the point where the resistance of the involved tissues turns the tide toward healthy granulation. Where such wounds are of more than ordinary size or severity, the internal administration of Ecthol has proven a most useful adjunct to the local treatment.

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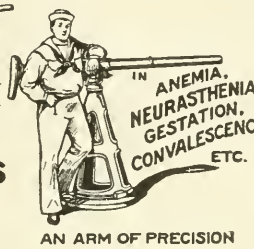

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